

SERFF Tracking Number:	CNNA-125882092	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CBM-08-6015-AR		
TOI:	27.0 Boiler & Machinery	Sub-TOI:	27.0000 Boiler & Machinery
Product Name:	CBM-08-6015-AR		
Project Name/Number:	/		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CBM-08-6015-AR

TOI: 27.0 Boiler & Machinery

Sub-TOI: 27.0000 Boiler & Machinery

Filing Type: Form

Effective Date Requested (New): 05/01/2009

Effective Date Requested (Renewal): 05/01/2009

State Filing Description:

SERFF Tr Num: CNNA-125882092 State: Arkansas

SERFF Status: Closed

Co Tr Num: CBM-08-6015-AR

Co Status:

Author: Sharon Whitaker

Date Submitted: 10/31/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Disposition Date: 11/03/2008

Disposition Status: Approved

Effective Date (New): 01/01/2009

Effective Date (Renewal):

01/01/2009

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 11/03/2008

State Status Changed: 10/31/2008

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file forms per the attached explanatory memorandum.

Final printed copies are attached for your review.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by February 1, 2009 for the software to be mailed to our agents on March 1, 2009 for the effective date of May 1, 2009.

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Your approval is respectfully requested for use on policies effective on or after May 1, 2009.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst	sharon_grubbs@cinfin.com
6200 S. Gilmore Road	(513) 870-2091 [Phone]
Fairfield, OH 45014	

Filing Company Information

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	10/31/2008	23639863

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<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/03/2008	11/03/2008

<i>SERFF Tracking Number:</i>	<i>CNNA-125882092</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 11/03/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	MACHINERY AND EQUIPMENT POLICY	Approved	Yes
Form	MACHINERY AND EQUIPMENT POLICY	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	MACHINERY AND EQUIPMENT POLICY	BE-418-A	6/08	Other	Replaced	Replaced Form #:0.00 BE-418-A 12/99 Previous Filing #:		BE418A 0608.pdf
Approved	MACHINERY AND EQUIPMENT POLICY	BE-418-B	6/08	Other	Replaced	Replaced Form #:0.00 BE-418-B 12/99 Previous Filing #:		BE418B 0608.pdf



Machinery and Equipment Policy

THE
CINCINNATI INSURANCE COMPANY
P.O. BOX 145496, CINCINNATI, OHIO 45250-5496
6200 SOUTH GILMORE ROAD, FAIRFIELD, OHIO 45014-5141

For information, quotes or policy service,
please contact your local independent agent.



www.cinfin.com

**THE
CINCINNATI INSURANCE COMPANY**
P.O. BOX 145496, CINCINNATI, OHIO 45250-5496



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Rate Information

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	11/03/2008
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Comments:

Attachments:

F777AR_CBM-08-6015-AR.pdf
F778AR_307 CBM-08-6015-AR.pdf

Satisfied -Name:	MEMORANDUM	Review Status:	Approved	11/03/2008
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Comments:

Attachment:

CBM-08-6015-AR F.pdf

Property & Casualty Transmittal Document

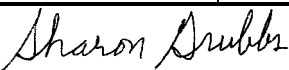
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CBM-08-6015-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Specialist	513-870-2091	513-888-8884	Sharon_grubbs@cinfin.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Sharon Grubbs		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	MACHINERY AND EQUIPMENT
10. Sub-Type of Insurance (Sub-TOI)	MACHINERY AND EQUIPMENT
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/2009 Renewal: 01/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	10/31/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CBM-08-6015-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

See Memorandum

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT FILING

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CBM-08-6015-AR		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	MACHINERY AND EQUIPMENT POLICY	BE 418 A (6/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BE 418 A (12/99)	
02	MACHINERY AND EQUIPMENT POLICY	BE 418 B (6/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BE 418 B (12/99)	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**ARKANSAS
DIVISION TWO - MACHINERY AND EQUIPMENT
FORMS MEMORANDUM**

NEW FORM	OLD/WITHDRAWN FORM	TITLE/DESCRIPTION OF CHANGE
BE-418-A (6/08)	BE-418-A (12/99)	MACHINERY AND EQUIPMENT POLICY The front page of the policy jacket deletes the phrase Prime Policy.
BE-418-B (6/08)	BE-418-B (12/99)	MACHINERY AND EQUIPMENT POLICY The front page of the policy jacket deletes the phrase Prime Policy.